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23459 7590 Arthur J. O'Dea	J. O'Dea				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.			
Legal Department Cognex Corporation One Vision Drive Natick, MA 01760-2077		OCT 13 2005	FFICE		Ce I hereby certify that the States Postal Service addressed to the Matransmitted to the USI	rtificate of Mailing or Tran. his Fee(s) Transmittal is bein with sufficient postage for fii il Stop ISSUE FEE address PTO (571) 273-2885, on the d	smission g deposited with the United rst class mail in an envelope above, or being facsimile late indicated below.	
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C:1501 1406.00 C:8001 30.00	DA					10/5/05	(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR '			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/032,168 12/21/2001			Aaron Wallack			C01-001	6052	
TITLE OF INVENTION:								
Probe Mark Inspection	Method and Apparatus							
APPLN. TYPE SMALL ENTITY		ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO \$		00		\$0	\$1400	10/12/2005	
EXAMINER AR			NIT CLASS-S		ASS-SUBCLASS	1		
STREGE, JOHN B 2625			382-146000					
1. Change of correspondence CFR 1.363).	e address or indication of "F	ee Address" (37	2. For printing	ng on th	ne patent front page, li			
	(1) the names of up to 3 registered patent attorneys 1 Arthur J. O'Dea or agents OR, alternatively,							
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PTO/SB/47; Rev 03-02 o Number is required.								
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	of this form is NOT	a substitute for	r filing	an assignment.	nee is identified below, the d		
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OF COUNTRY) 10032168								
Cognex Technology and Investment Corporation Mt. View, CA 82 F[:150] 1400-00 DA 30.00 DA								
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pate	ent):	☐ Individual ☐ C	orporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.							
Publication Fee (No si	Payment by credit card. Form PTO-2038 is attached.							
☑ Advance Order - # of	✓ The Director Deposit Account	or is he nt Nurr	reby authorized by cluber03-235	harge the required fee(s), or Z (enclose an extra co	credit any overpayment, to opy of this form).			
	(from status indicated above				•			
	MALL ENTITY status. See					LL ENTITY status. See 37 Cl		
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Authorized Signature			Date	10/4/2005				
Typed or printed name A	rthur J. O'Dea		Registration No. 42,952					

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